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APPLICANTS					
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** CONTINUING DATA ***** <i>None</i> <i>MA</i>					
** FOREIGN APPLICATIONS ***** <i>None</i> <i>MA</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 02/24/2004					
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance _____ Verifier and Acknowledged Examiner's Signature <i>MA</i> Initials	STATE OR COUNTRY CT	SHEETS DRAWING 2	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
ADDRESS 34704 BACHMAN & LAPOINTE, P.C. 900 CHAPEL STREET SUITE 1201 NEW HAVEN , CT 06510					
TITLE Sports vision training device					
FILING FEE RECEIVED 585	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____			